



# NJAMHAA MEMBERSHIP APPLICATION

We can begin the process of having your membership approved once we receive your completed application, completed dues worksheet, dues payment and a one-page description of your organization. You are welcome to also include a brochure. Please either send a check made out to NJAMHAA or indicate your plans to pay by credit card when you submit the application and dues worksheet. For a credit card payment, you will receive through e-mail a link to a secure web page to process the transaction. Please note that there will be a service charge incurred if you use your credit card.













**Staff Person to Receive Membership Dues Invoices**









**Please read the following statement and sign beneath it:**

**My organization and I agree to maintain ethical standards in all areas, including marketing.**

**Signature of Authorized Representative**

**Date**



**Branches: (please use a separate sheet, if additional space is needed)**









**Branches: (continued)**









**Branches: (continued)**











**Agency Type:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Hospital        | <input type="checkbox"/> Mental Health Only | <input type="checkbox"/> In Vivo       |
| <input type="checkbox"/> Freestanding    | <input type="checkbox"/> Emergency Response | <input type="checkbox"/> Residential   |
| <input type="checkbox"/> Addictions Only | <input type="checkbox"/> Mobile Response    | <input type="checkbox"/> Comprehensive |

Other

**Organization is:**

Non-Profit

For-Profit

**Did a NJAMHAA member encourage you to apply for membership?  
If so, please provide his/her name, organization and contact  
information. Thank you.**





**Total Budget Size:** *(Includes all funds/revenues received for behavioral health and other related services (e.g., including intellectual/developmental disabilities), regardless of the source. Please refer to the Dues Worksheet and indicate the budget size below:*

- |                               |                                 |
|-------------------------------|---------------------------------|
| ■ \$0 - \$250,000             | ■ \$15,000,001 - \$20,000,000   |
| ■ \$250,001 - \$500,000       | ■ \$20,000,001 - \$30,000,000   |
| ■ \$500,001 - \$1,000,000     | ■ \$30,000,001 - \$40,000,000   |
| ■ \$1,000,001 - \$2,000,000   | ■ \$40,000,001 - \$50,000,000   |
| ■ \$2,000,001 - \$3,000,000   | ■ \$50,000,001 - \$60,000,000   |
| ■ \$3,000,001 - \$4,000,000   | ■ \$60,000,001 - \$75,000,000   |
| ■ \$4,000,001 - \$5,000,000   | ■ \$75,000,001 - \$80,000,000   |
| ■ \$5,000,001 - \$6,000,000   | ■ \$80,000,001 - \$90,000,000   |
| ■ \$6,000,001 - \$7,000,000   | ■ \$90,000,001 - \$100,000,000  |
| ■ \$7,000,001 - \$8,000,000   | ■ \$100,000,001 - \$110,000,000 |
| ■ \$8,000,001 - \$9,000,000   | ■ \$110,000,001 - \$120,000,000 |
| ■ \$9,000,001 - \$10,000,000  | ■ \$120,000,001 - \$130,000,000 |
| ■ \$10,000,001 - \$11,000,000 | ■ \$130,000,001 - \$150,000,000 |
| ■ \$11,000,001 - \$12,000,000 | ■ \$150,000,001 - \$175,000,000 |
| ■ \$12,000,001 - \$13,000,000 | ■ \$175,000,001 and over        |
| ■ \$13,000,001 - \$14,000,000 |                                 |
| ■ \$14,000,001 - \$15,000,000 |                                 |



**Does the organization have contracts with the State of New Jersey?**  
*(Please check all that apply.)*

- Department of Children and Families**
  - Division of Child Protection and Permanency**
  - Division of Children's System of Care**
  - Division of Family and Community Partnerships**
  - Division on Women**
- Department of Community Affairs**
- Department of Corrections**
- Department of Education**
- Department of Health**
- Department of Human Services**
  - Division of Aging Services**
  - Division of Developmental Disabilities**
  - Division of Family Development**
  - Division of Medical Assistance and Health Services**
  - Division of Mental Health and Addiction Services**
- Department of Labor**
- Other**

**Is the organization licensed by any of the following?**  
*(Please check all that apply.)*

- Department of Children and Families**
  - Division of Child Protection and Permanency**
  - Division of Children's System of Care**
  - Division of Family and Community Partnerships**
  - Division on Women**
- Department of Community Affairs**
- Department of Corrections**
- Department of Education**
- Department of Health**
- Department of Human Services**
  - Division of Aging Services**
  - Division of Developmental Disabilities**
  - Division of Family Development**
  - Division of Medical Assistance and Health Services**
  - Division of Mental Health and Addiction Services**
- Department of Labor**
- Other**



**Is the agency part of a larger organization (e.g., health system)? If so, give the larger organization's name and describe the relationship between the larger and smaller organizations (e.g., subsidiary):**

**Date of incorporation of your agency:**

**Is there a Board of Directors/Trustees:**  
*(If yes, please attach a list of members.)*

- Yes
- No

**Does the Board serve in a policy making role or an advisory role?**

**Has your organization ever been convicted of Medicaid/Medicare abuse or fraud?**

- Yes
- No

**If Yes, please explain**

**Have you or any of your key officers/board members been disbarred from professional practice?**

- Yes
- No

**If Yes, please explain**



**Describe your agency's purpose as stated in its bylaws:**

**Towns or counties served:**

**Please list 3 references:**

**How did you hear about NJAMHAA?**

**Accreditations: (e.g., The Joint Commission, Commission on Accreditation of Rehabilitation Facilities, Council on Accreditation, National Committee for Quality Assurance, Det Norske Veritas Inc.'s National Integrated Accreditation for Healthcare Organizations):**

Thank you for applying for membership. We look forward to receiving your completed application along with your completed dues worksheet, payment and one-page description of your organization. You may also provide a brochure. If you have any questions, please contact Shauna Moses at 609-838-5488, ext. 204, or [smoses@njamhaa.org](mailto:smoses@njamhaa.org).